


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N47150					
1. Entity Name MADISON COUNTY FOUNDATION FOR EXCELLENCE IN EDUCATION, INC.					
Principal Place of Business 101 N. RANGE ST. MADISON FL 32340 US		Mailing Address PO BOX 181 MADISON FL 32341-1027			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3112453	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDEE, CARY A. 215 S.E. PINCKNEY ST. MADISON FL 32341-0450			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAVE, MONTEEN M		NAME		
STREET ADDRESS	1775 HW 90 WEST		STREET ADDRESS		
CITY-ST-ZIP	MADISON FL 32340		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIS, GEORGE M		NAME		
STREET ADDRESS	PINE RIDGE RANCH, HWY 6		STREET ADDRESS		
CITY-ST-ZIP	MADISON FL 32340		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWNING, FAYE		NAME		
STREET ADDRESS	HWY 245 N		STREET ADDRESS		
CITY-ST-ZIP	MADISON FL 32340		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERS, TIM		NAME		
STREET ADDRESS	300 S. MEETING ST.		STREET ADDRESS		
CITY-ST-ZIP	MADISON FL 32340		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAY, EDITH H		NAME		
STREET ADDRESS	RT 5 BOX 170		STREET ADDRESS		
CITY-ST-ZIP	MADISON FL 32340		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERCER, FRANCES		NAME		
STREET ADDRESS	3012 NE CR 255		STREET ADDRESS		
CITY-ST-ZIP	LEE FL 32059		CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

Applied For Not Applicable

\$8.75 Additional Fee Required

FL Zip Code

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Monteen M Cave* **Monteen M CAVE, Treas** 02/01/06 (857) 023-4636